

Foster Family Home - Corrective Action Report

Provider ID: 2-180000

Home Name: Imelda Cabais, CNA

Review ID: 2-180000-2

20 East Kawaiilani Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 12/20/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 1/20/19.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) No fingerprinting in home binder for caregivers # 3 or 4.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) No TB clearance in home binder for care giver # 4.

41.(b)(8) No blood borne pathogens in home binder for care giver # 4.

41.(c) No inservice hours in home binder for care giver # 4.

Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.(e) No smoking policy in home binder.

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Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) No emergency preparedness plan in home binder.

Foster Family Home

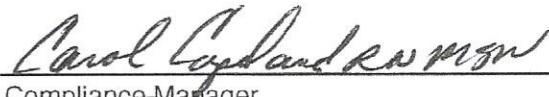
Fiscal Requirements

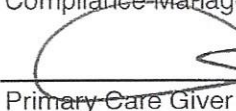
[17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1(b) No budget in home binder, financial records not available.


Compliance Manager


Primary Care Giver

12/20/18

Date

12/20/18

Date

**Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

CCFH Name: Imelda T. Cabais
CCFH Address: 20 E. Kawaiilani Street
Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
71(a)	Fingerprint obtain for caregiver 3 and 4	12/22/18	-I will use sticky note for reminder + check monthly.
41.(b)7	TB test obtain caregiver #4	12/22/18	-I will used my phone for reminder
41.(b)8	Blood borne pathogens training done by caregiver #4	12/22/18	-I will use my calendar book for a reminder.
41.(c)	Caregiver #4 completed 8 hours in training	12/22/18	-I will used my calendar + check monthly.
48.(c)	Now I have smoking policy	12/20/18	-I didn't know the rules, now I will learn + follow rules
49.1(B)	Now, I have budget forms in my binder	12/20/18	-I didn't know the rules, now I have one to follow
48.1(a)	Now I have preparedness plan in home binder	12/20/18	-I didn't know to put preparedness in my folder so now I have one to follow + tell to caregiver

Primary Caregiver's Signature: 

Print Name: Imelda Cabais

Date of Signature: 12/22/18